

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SEARCHED **U91889229**

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3	2		1			
4	2		1			
5	1		1			
6	1		1			
7	2		1			
8	1		1			
9	1		1			
10	2					
11	2					
12	2		1			
13	2		1			
14	2		1			
15	2		1			
16	0		1			
17	0		1			
18	0	1	1			
19	0	1	1			
20			1			
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45						
46						
47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			19			
TOTAL CLAIMS						

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			